

CM P86 3040028

(Trade Name)



EPA-OTS



000888814.

Contains No CBI

90-890000014

American Cyanamid Company
One Cyanamid Plaza
Wayne, NJ 07470

CERTIFIED MAIL

February 7, 1989

TSCA Document Processing Center (TS-790)
Office of Toxic Substances
U.S. Environmental Protection Agency
Room L-100
401 M Street, S.W.
Washington, D.C. 20460

89 FEB 14 AM 9:45
OTS DOCUMENT CONTROL
OFFICE

Attention: CAIR Trade Name List

Gentlemen:

Attached are lists of products distributed by American Cyanamid Company, One Cyanamid Plaza, Wayne, New Jersey 07470 and CONAP, 1405 Buffalo Street, Olean, New York 14760 which contain CAIR listed chemicals cited in FR 52:51698 (Dec. 22, 1988). CONAP is wholly owned by American Cyanamid Company.

The chemical substances include:

toluenediisocyanate [CAS 26471-62-5]
1,4-toluenediisocyanate [CAS 584-84-9]
methylenabis[o-chloroaniline]MBOCA [CAS 101-14-4]

This will comply with our responsibilities under CAIR for customer notification.

Any questions concerning this notification should be addressed to me as technical contact at the address or phone number given below.

Sincerely,

Patricia Ann Vannoni for

Joan L. Gallagher
Manager, TSCA Compliance
and International Registration
American Cyanamid Company
One Cyanamid Plaza - West 3
Wayne, New Jersey 07470
(201) 831-3416

JLG:mj
jg8

CONAP

1405 Buffalo Street

Olean, NY 14760

AH-18
AH-20
AH-23
CE-1163
CE-1164
DP-10000 PART A
DP-1001-B PREPOLYMER
DP-10485
DP-10561
DP-10744 PART A
DP-11021
DP-11251 PART A
DP-11252 PART A
DP-11289 PART A
DP-11321 PART A
DP-11339 PART A
DP-11373 PART A
DP-12105 PART A
DP-12390 PART A
DP-12752 PART A
DP-12769
DP-12792 PART A
DP-12816 PART A

DP-14120 PART A
DP-14346 PART A
DP-14552 PART A
DP-14726 PART A
DP-14943 PART A
DP-1963 PART A
DP-4736 PART A
DP-5758 A
DP-6332 PART A
DP-6872 PART A
DP-8222
DP-8348-3 PART A
DP-8449
DP-8536 PART A
DP-8536 BLACK
DP-8806
DP-9170
EN-1554 PART B
EN-1554 PART B BLACK
EN-2 PART A
EN-3 PART A
FR-1259 BLACK

RN-1503
RN-1515
RN-1520

PRODUCT TRADE NAMES

CONTAIN TOLUENEDIISOCYANATE
[CAS 26471-62-5]

RN-1521
RN-1525
RN-1558
RN-1559
RN-1560
RN-2000
RN-2025
RN-3000
RN-3038
RN-3038ER
RN-3039
RN-3050
ST-80 PART A
ST-90 PART A
TU-50A PART A
TU-65 PART A
TU-70 PART A
TU-75 PART A
TU-79 PART A
TU-80 PART A
TU-89 PART A
WP-102

CE-1155-35 PART A
DP-14455 PART A
DP-4541 PART A

CE-1157-30

American Cyanamid Company
One Cyanamid Plaza
Wayne, NJ 07470

REPORT NO: TPS01

CAS NUMBER SEARCH

CAS NUMBER: 026471-62-5 NAME: Toluene diisocyanate

REFERENCE: OSHA
ACGIH
NTP

TWA/CELL: 0.02 ppm (ceiling)
0.005 ppm

THESE PRODUCTS CONTAIN ONLY
RESIDUAL AMOUNTS OF TDI AS AN
IMPURITY.

TRADENAME

CYANAPRENES 1050 Polyether Urethane Prepolymer
CYANAPRENES 1080 Polyether Urethane Prepolymer
CYANAPRENES 1090 Polyether Urethane Prepolymer
CYANAPRENES 2070 Polyether Urethane Prepolymer
CYANAPRENES 2075 Urethane Prepolymer
CYANAPRENES 2080 Urethane Prepolymer
CYANAPRENES 2090 Urethane Prepolymer
CYANAPRENES 2095 Polyether Urethane Prepolymer
CYANAPRENES 2150 Urethane Prepolymer
CYANAPRENES 2160 Polyether Urethane Prepolymer
CYANAPRENES 2167 Polyether Urethane Prepolymer
CYANAPRENES 2175 Polyether Urethane Prepolymer
CYANAPRENES 2180 Polyether Urethane Prepolymer
CYANAPRENES 3050 Polyether Urethane Prepolymer
CYANAPRENES 3080 Polyether Urethane Prepolymer
CYANAPRENES 3090 Polyether Urethane Prepolymer
CYANAPRENES 6080 Polyether Urethane Prepolymer
CYANAPRENES 6580 Polyether Urethane Prepolymer
CYANAPRENES 7080 Polyether Urethane Prepolymer
CYANAPRENES 7580 Polyether Urethane Prepolymer
CYANAPRENES A-7 QM Urethane Prepolymer
CYANAPRENES A-75-QM Urethane Prepolymer
CYANAPRENES A-8 QM Urethane Prepolymer
CYANAPRENES A-8 QMD Urethane Prepolymer
CYANAPRENES A-8 SP Urethane Prepolymer
CYANAPRENES A-8 Urethane Prepolymer
CYANAPRENES A-8-HT Urethane Prepolymer
CYANAPRENES A-85 QM Urethane Prepolymer
CYANAPRENES A-85 Urethane Prepolymer
CYANAPRENES A-85-HT Urethane Prepolymer
CYANAPRENES A-85-L Urethane Prepolymer
CYANAPRENES A-9 QM Urethane Prepolymer
CYANAPRENES A-9 Special Urethane Prepolymer
CYANAPRENES A-9 Urethane Prepolymer
CYANAPRENES A-9-HT Urethane Prepolymer
CYANAPRENES A-9R Urethane Prepolymer
CYANAPRENES CS-80 Polyether Urethane Prepolymer
CYANAPRENES CS-90 Polyether Urethane Prepolymer
CYANAPRENES D-5 QM Urethane Prepolymer
CYANAPRENES D-5 Urethane Prepolymer
CYANAPRENES D-5-HT Urethane Prepolymer
CYANAPRENES D-6 Urethane Prepolymer
CYANAPRENES D-7 Urethane Prepolymer
CYANAPRENES D55 Urethane Prepolymer

CYANAPRENES RA-90 Polyether Urethane Prepolymer
CYANAPRENES US-9 Urethane Prepolymer

CONAP
1405 Buffalo Street
Olean, NY 14760

DP-8798 PART A
DP-8837
DP-9783 PART A
EN-10 PART A
EN-11 PART A
EN-12 PART A
EN-1554 PART A
EN-4 PART A
EN-5 PART A
EN-6 PART A
EN-7 PART A
EN-8 PART A
EN-9 PART A
EN-9 OZR PART A

RN-1501
RN-1505
RN-1511
RN-1512
RN-1513
RN-1526
RN-1527
ST-115 PART A
ST-115 MF PART A

CC-130A
CC-132A
CC-133A

DP-10602
DP-3138 PART A

PRODUCT TRADE NAMES
CONTAIN 2,4-TOLUENEDI-
ISOCYANATE
[CAS 584-84-9]

AD-20 PART A
AD-20 PART B
DP-1001-B PREFOLYMER
DP-10469
DP-10476 PART A
DP-10490
DP-10856
DP-10971
DP-10974
DP-10976
DP-10979 PART A
DP-11304
DP-11933 PART A
DP-11998
DP-12079
DP-12211
DP-12488
DP-12521
DP-12768
DP-12922 PART A
DP-14381
DP-14811
DP-15227 PART A
DP-2077 PART A
RN-1501
DP-8448 PART A

DP-8696-8
DP-8696-8 PART A

American Cyanamid Company

One Cyanamid Plaza, Wayne, NJ 07470

REPORT NO: TPS01

CAS NUMBER SEARCH

CAS NUMBER: 000584-84-9 NAME: 2,4-Toluene

REFERENCE: OSHA

ACGIH

NTP

Diisocyanate

TWA/CEIL: 0.02 ppm(Ceiling)

0.005 ppm

TRADENAME

Toluene Diisocyanate R-30

CONAP
1405 Buffalo Street
Olean, NY 14760

AH-18
AH-20
AH-23
AH-5
DP-10000 PART B
DP-10300 PART B GRAY
DP-10744 PART B
DP-10847
DP-11252 PART B
DP-12105 PART B
DP-14346 PART B
DP-2077 PART B BLACK
DP-2077 PART B GREEN
DP-5801-B GREEN
DP-6322-2 PART B
DP-6325 PART B TAN
DP-6332 PART B
DP-7626 PART B BLACK
DP-8513-B
EN-1554 PART B
EN-1554 PART B BLACK
ST-80 PART B MED
ST-80 PART B BROWN
ST-80 PART B GREEN
ST-80 PART B RED
ST-90 PART B
TU-50A PART B
TU-65 PART B
TU-65 PART B GREEN
TU-70 PART B
TU-70 PART B BLUE
TU-79 PART B
TU-79 PART B MED BLUE
TU-79 PART B GREEN
TU-79 PART B RED
TU-80 PART B
TU-80 PART B BLUE
TU-80 PART B RED
TU-89 PART B
TU-89 PART B BLACK
TU-89 PART B GREEN
TU-89 PART B RED
TU-89 PART B WHITE
ZEBRON 385
ZEBRON 385 BLUE
ZEBRON 385-6
ZEBRON 385-6 GRAY
ZEBRON 386
ZEBRON 386 BROWN
ZEBRON 386C
ZEBRON 386 PC
ZEBRON 486

PRODUCT TRADE NAMES

Contain MBOCA

[CAS 101-14-4]



CONTAINS NO CBI

Form Approved
OMB No. 2010-0019
Approval Expires 12-31-89

EPA-OTS



000657259Y

90-89000014

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Comprehensive Assessment Information Rule
REPORTING FORM

1013 MAR 9 - 148 03
EPA-OTS

When completed, send this form to:

Document Processing Center
Office of Toxic Substances, TS-790
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: _____

Document
Control Number: _____

Docket Number: _____

CAIR REPORTING FORM CHECKLIST

THIS CHECKLIST IS NOT REQUIRED TO BE SUBMITTED, IT IS FOR RESPONDENT'S INTERNAL USE ONLY

This form is intended to gather information on a specific listed substance that is manufactured, imported, or processed at one facility. Respondents must answer only those sections or specific questions required in the CAIR rule.

Respondents may use the same form each time they must report. The original copy of the form received by respondents should be kept on file and used to make copies of the questions required to be answered. These copies may then be circulated to those employees who will complete the form. Respondents must submit only one copy of each question rather than compiling parts of each question from various employees and submitting them together as one question.

Respondents need only supply information on the form that is "known to or reasonably ascertainable by" the respondent. Refer to the glossary for this definition. All reports with incomplete responses will be assessed as invalid and a Notice of Noncompliance Error Letter and a copy of the question will be sent to you for completion.

Before completing any portion of this form, please read the instruction booklet. The booklet contains general instructions on how to comply with the rule, supplemental instructions and sample answers for many questions, and a glossary containing definitions of key terms. Refer to the glossary whenever an unknown term appears to examine the definition provided.

If you cannot determine your reporting obligations, you should call the TSCA Assistance Office, U.S. EPA, at (202) 554-1404. To obtain additional forms, write to the TSCA Assistance Office (TS-779), ATTN: CAIR Form Request, Office of Toxic Substances, Environmental Protection Agency, Room E-543, 401 M St., SW, Washington, DC 20460, or call at (202) 554-1404.

BEFORE RETURNING YOUR COMPLETED CAIR FORM PLEASE CHECK THE FOLLOWING:

- ☒ 1. Have you completed and included Section 1 for each form you are submitting?
- ☒ 2. Have you submitted a standard chemical name and Chemical Abstract Service Registry Number for each chemical you are reporting on?
- ☒ 3. Does your submitted form include the original certification signatures as required for questions 1.06, 1.07, and 1.08?

- N/A 4. Have you submitted a completed separate form for each substance you are required to report on?
- ✓ 5. Have you submitted a completed separate form for each site at which you manufacture, import, or process a listed substance?
- ✓ 6. For each listed substance you must report on, have you reported on all activities you engage in at each site using the listed substance on the same reporting form?
- N/A 7. If you are claiming information as Confidential Business Information (CBI), have you completed the CBI substantiation form in Appendix II of the form for each category containing CBI? Failure to submit a completed CBI substantiation form with a reporting form containing CBI will result in the waiver of your claim of confidentiality.
- ✓ 8. For each question that you are required to answer, have you responded by either providing the data, stating not applicable ("N/A"), or, if the question permits, stating unknown ("UK")?
- ✓ 9. Have you right justified your responses to questions asked that require respondents to give a numeric response in a series of boxes (e.g., the answer "372" is entered as [0][0][3][7][2])?
- ✓ 10. Have your responses been given in alpha, numeric or alpha-numeric form such as 3 million or 3,000,000? Responses must not be given in scientific notation such as 3×10^6 .
- N/A 11. If you needed additional space to report the required data, have you checked the continuation sheet box at the bottom of each page that requires additional space; attached additional copies of the specific questions of this form that contain additional information; and listed the attachments in Appendix I of the reporting form?

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2] [2][2] [8][8]
CBI mo. day year

☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [1][0][0][3][9]-[5][4]-[0]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule N/A

(ii) Name of mixture as listed in the rule N/A

(iii) Trade name as listed in the rule N/A

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule N/A

CAS No. of chemical substance [1][0][0][3][9]-[5][4]-[0]

Name of chemical substance N/A

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer 1

☐ Importer 2

Processor 3

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI

☐ Yes ☒ Go to question 1.04

☐ No ☐ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI

☐ Yes (1)

☐ No 2

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations

Provide the trade name(s)

☒ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

☐ Trade name N/A

Is the trade name product a mixture? Circle the appropriate response. N/A

Yes 1

No 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

BERNARD R. BLUESTEIN

NAME

B.R. Bluestein

SIGNATURE

May 25, 1989

DATE SIGNED

V.P. - TECHNICAL

TITLE

(313) 437- - 8161

TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

- 1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

CBI

☐

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
NAME	SIGNATURE	DATE SIGNED
<u>N/A</u>	() <u>N/A</u>	<u>N/A</u>
TITLE	TELEPHONE NO.	DATE OF PREVIOUS SUBMISSION

- 1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI

☐

"My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
NAME	SIGNATURE	DATE SIGNED
<u>N/A</u>	() <u>N/A</u>	
TITLE	TELEPHONE NO.	

☐ Mark (X) this box if you attach a continuation sheet.

1.09 Facility Identification

Dun & Bradstreet Number[0][6]-[1][9][9]-[4][6][2][0]

EPA ID Number[0][0][9][6][6][2][3][6][2]

Employer ID Number[1][3][1][8][7][0][0][0]0

Primary Standard Industrial Classification (SIC) Code[2][8][9][9]

Other SIC Code[N/A][][]

Other SIC Code[N/A][][]

Dun & Bradstreet Number[1][8]-[7][7][1]-[5][1][6][4]
Employer ID Number[1][3][1][8][7][0][0][0]

6

1.11 Parent Company Identification

CBI Name [W][I][T][C][O] [] [c][o][R][P][O][R][A][T][E][D] [N] [] [] [] [] [] [] [] [] []

[illegible][illegible]

[N][Y] [1][0][2][2]--[4][2][3][6]
State Zip

Dun & Bradstreet Number[0][0]-[1][3][7]-[4][5][4][5]

1.12 Technical Contact

CBI Name [D][R].[][B],[R],[B]L[V]E[S]T[E]I[N][][][][][][][][][][][][][][][]

Title [V][I][P] - T[E][C][H][N][I][C][A][L]

Address [2][9][I][T][I] [M][I][L][F][O][R][D] [R][D], [][][][][][][][][][][][][][][]
Street

[N][E][W][][H][V][D][S][O][N][][][][][][][][][][][][][][][][]
City

[M] [F]
State

[4] [8] [1] [6] [5] -- [9] [7] [4] [1]
Zip

Telephone Number[3][1][3]-[4][3][7]-[8][1][6][1]

1.13 This reporting year is from [0][1] [8][8] to [1][2] [8][8]
Mo. Year Mo. Year

☐ Mark (X) this box if you attach a continuation sheet.

CBI Name of Seller [] [] N/A [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
[] Mailing Address [] N/A [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Street
[] N/A [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
City
[] [] N/A [] [] -- [] [] []
State Zip
Employer ID Number N/A [] N/A [] [] [] [] []
Date of Sale N/A ... [] Mo. [] Day [] Year
Contact Person [] N/A [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Telephone Number N/A [] [] - [] [] - [] [] []

CBI Name of Buyer [] N/A [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
[] Mailing Address [] N/A [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Street
[] N/A [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
City
[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
State Zip
Employer ID Number N/A [] [] [] [] [] [] []
Date of Purchase N/A [] [] [] [] [] []
Mo. Day Year
Contact Person [] N/A [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Telephone Number N/A [] [] [] - [] [] [] - [] [] []

8

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

☐

Classification

Quantity (kg/yr)

Manufactured 0

Imported 0

Processed (include quantity repackaged) 909 kg

Of that quantity manufactured or imported, report that quantity:

In storage at the beginning of the reporting year N/A

For on-site use or processing N/A

For direct commercial distribution (including export) N/A

In storage at the end of the reporting year N/A

Of that quantity processed, report that quantity:

In storage at the beginning of the reporting year 909

Processed as a reactant (chemical producer) 0

Processed as a formulation component (mixture producer) 909

Processed as an article component (article producer) 0

Repackaged (including export) 0

In storage at the end of the reporting year 499

☐ Mark (X) this box if you attach a continuation sheet.

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

[]

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)
N/A	N/A	N/A
Total		100%

10

2.06 Specify the manner in which you processed the listed substance. Circle all
CBI appropriate process types.

- ☐ Continuous process 1
Semicontinuous process 2
Batch process 3

2.07 State your facility's name-plate capacity for manufacturing or processing the listed
CBI substance. (If you are a batch manufacturer or batch processor, do not answer this
question.)

☐ Manufacturing capacity N/A kg/yr
Processing capacity N/A kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance
CBI manufactured, imported, or processed at any time after your current corporate fiscal
year, estimate the increase or decrease based upon the reporting year's production
volume.

<input type="checkbox"/>	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase	_____	_____	_____
Amount of decrease	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

- 2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
P	100 %	0 %	I

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
P	100%	0%	I

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

a.	b.	c.	d.
Product Type ¹	Final Product's Physical Form ²	Average % Composition of Listed Substance in Final Product	Type of End-Users ³
P	B	2	I
P	F1	6	I

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	<u>P</u> = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the final product's physical form:

A = Gas	F2 = Crystalline solid
<u>B</u> = Liquid	F3 = Granules
C = Aqueous solution	F4 = Other solid
D = Paste	G = Gel
E = Slurry	H = Other (specify) _____
<u>F1</u> = Powder	

³Use the following codes to designate the type of end-users:

<u>I</u> = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

CBI

☐

<u>Trade Name</u>	<u>Supplier or Manufacturer</u>	<u>Average % Composition by Weight (specify \pm % precision)</u>	<u>Amount Processed (kg/yr)</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 6 ECONOMIC AND FINANCIAL INFORMATION

6.01 Company Type -- Circle the number which most appropriately describes your company.

CBI

- ☐ Corporation 1
- ☐ Sole proprietorship 2
- Partnership 3
- Other (specify) _____ 4

6.02 At the end of the reporting year, were you constructing additional facilities at this site that were not yet in operation at the end of the reporting year, but which are now being used or will be used in the future for manufacturing, importing, or processing the listed substance? Circle the appropriate response.

CBI

- ☐ Yes 1
- No 2

6.03 List all of the product types that you manufacture that contain the listed substance as a raw material, and the percentage of the name-plate capacity dedicated to the listed substance that each product type represents. The total of all capacity percentiles should equal 100 percent. State the total name-plate capacity of the process type(s) used to manufacture all product types that contain the listed substance.

CBI

☐

Product Type	% Total Capacity
N/A	N/A

State the total name-plate capacity of the process type(s) used to manufacture all product types that contain the listed substance: _____ kg/yr

N/A

☐ Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

Market	Quantity Sold or Transferred (kg/yr)	Total Sales Value (\$/yr)
Retail sales	0	N/A
Distribution -- Wholesalers	0	N/A
Distribution -- Retailers	0	N/A
Intra-company transfer	0	N/A
Repackagers	0	N/A
Mixture producers	0	N/A
Article producers	0	N/A
Other chemical manufacturers or processors	909 kg	\$45,000.00
Exporters	0	N/A
Other (specify)	0	N/A

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

CBI

☐

Substitute	Cost (\$/kg)
HYDROXYLAMINE HYDROCHLORIDE	UK
" SULFATE (1:1)	UK
" PHOSPHATE	UK
HYDROXYLAMINE	UK

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

☐

Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	X	X	1948	20+
Age at hire	X	X	1948	20+
Work history of individual before employment at your facility	X	X	1948	20+
Sex	X	X	1948	20+
Race	NA	NA	NA	NA
Job titles	X	X	1948	20+
Start date for each job title	X	X	1948	20+
End date for each job title	X	X	1948	20+
Work area industrial hygiene monitoring data	X	NA	1989	20+
Personal employee monitoring data	X	X	1948	20+
Employee medical history	X	X	1948	20+
Employee smoking history	X	NA	1989	20+
Accident history	X	X	1948	20+
Retirement date	X	X	1948	20+
Termination date	X	X	1948	20+
Vital status of retirees	X	X	1948	20+
Cause of death data	X	X	1981	10+

☐ Mark (X) this box if you attach a continuation sheet.